MAXIMUS Federal Services

Case Number:	CM14-0087183		
Date Assigned:	07/23/2014	Date of Injury:	07/05/2010
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who reported an injury on 07/05/2010 after the injured worker stepped off of a ledge, causing a twisting motion to her knee. The injured worker reportedly sustained an injury to her knee and low back. The injured worker's treatment history included surgical intervention, injections, physical therapy, a TENS unit, and a postoperative knee brace. The injured worker was evaluated on 05/06/2014. It was documented that the injured worker had persistent pain complaints of the right knee and low back. Physical findings included tenderness to palpation of the lumbosacral area and right sacroiliac joint, a negative straight leg raising test, crossed straight leg raise test, and normal sensory function. Examination of the right knee documented well healed portals from the surgery with tenderness along the medial and lateral joint lines, with no evidence of instability. The injured worker had a positive McMurray's test bilaterally and medially. The injured worker's diagnoses included internal derangement of the knee, status post 2 surgical interventions, and internal derangement of the left knee, discogenic lumbar condition, fibromyalgia and hypertension. The injured worker's treatment plan included aquatic therapy, and an MRI of the lumbar spine. The injured worker was again evaluated on 05/08/2014. No significant changes in the injured worker's clinical presentation were made. However, the injured worker's treatment plan on that day included a prescription of Percocet, Motrin 800 mg, and Prilosec 20 mg. A Request for Authorization was submitted for pain management, blood testing, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Chronic Pain (2009) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for injured workers who are risk for developing gastrointestinal events related to medication usage. The clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal events, supping continued use of this medication. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20mg #60 is not medically necessary or appropriate.

CBC and Chem Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (2009) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: California Medical Treatment Utilization Schedule recommends lab testing to established renal and liver function for patients on chronic non-steroidal anti-inflammatory drug therapy. The clinical documentation submitted for review does indicate that the injured worker is a taking high dose of Ibuprofen. Therefore, evaluation of renal and hepatic function would be supported. However, there is no documentation of when the last blood testing was performed and the need for additional testing cannot be determined. As such, the requested CBC and Chem Panel are not medically necessary or appropriate.

10 Panel Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (2009) Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker is taking opioids for chronic pain management. California Medical Treatment Utilization Schedule does recommend the use of urine drug screens to assess for aberrant behavior. The clinical documentation does not provide any evidence that the injured worker has any symptoms of over or under use to support suspicion of aberrant behavior. As well as not

providing any information regarding when the last urine drug screen was performed. Therefore, without significant symptoms to support the need for an additional urine drug screen, this request would not be supported. As such, the requested 10 Panel Urine Drug Screen is not medically necessary or appropriate.